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CLIENT'S COPY

2021 TAX RETURN FILING INSTRUCTIONS

U.S. INCOME TAX RETURN FOR AN S CORPORATION

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

P3 PURE, LLC
1900 E HOWARD LN, BLDG D1
PFLUGERVILLE, TX 78660

PREPARED BY:

THE WENMOHS GROUP
4425 S MOPAC EXPY #504
AUSTIN, TX 78735

TO BE SIGNED AND DATED BY:

THE APPROPRIATE CORPORATE OFFICER(S).

AMOUNT OF TAX:

TOTAL TAX	\$	0
LESS: PAYMENTS AND CREDITS	\$	0
PLUS: INTEREST AND PENALTIES	\$	0
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE AND RETURN FORM 8879-S TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879-S TO US BY MARCH 15, 2022.

SPECIAL INSTRUCTIONS:

ENCLOSED IS A COPY OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE SHAREHOLDER.

S CORPORATION
Two-Year Comparison

2021

Name		Employer Identification Number	
P3 PURE, LLC		35-2446731	
Description	Prior Year	Current Year	Increase (Decrease)
ORDINARY BUSINESS INCOME (LOSS):			
INCOME:			
GROSS RECEIPTS OR SALES LESS RETURNS AND ALLOWANCES	1,950,404.	1,658,549.	-291,855.
COST OF GOODS SOLD	953,036.	561,016.	-392,020.
GROSS PROFITS	997,368.	1,097,533.	100,165.
OTHER INCOME	1,075.	18,050.	16,975.
TOTAL INCOME	998,443.	1,115,583.	117,140.
DEDUCTIONS:			
COMPENSATION OF OFFICERS SALARIES AND WAGES LESS EMPLOYMENT CREDITS	118,092.	34,808.	-83,284.
REPAIRS AND MAINTENANCE	118,323.	170,114.	51,791.
BAD DEBTS	379.	1,034.	655.
RENTS	460.	0.	-460.
TAXES AND LICENSES	171,079.	169,174.	-1,905.
INTEREST	12,399.	38,969.	26,570.
DEPRECIATION	72,022.	271,149.	199,127.
ADVERTISING	23,642.	4,014.	-19,628.
EMPLOYEE BENEFIT PROGRAMS	0.	268,334.	268,334.
OTHER DEDUCTIONS	0.	22,087.	22,087.
TOTAL DEDUCTIONS	1,435,056.	967,449.	-467,607.
ORDINARY BUSINESS INCOME (LOSS)	1,951,452.	1,947,132.	-4,320.
S CORPORATION TAXES:			
PAYMENTS AND CREDITS:			
BALANCE DUE OR REFUND:			
SCHEDULE K:			
INCOME:			
ORDINARY BUSINESS INCOME (LOSS)	-953,009.	-831,549.	121,460.
DEDUCTIONS:			
INVESTMENT INTEREST:			
CREDITS:			

S CORPORATION
Two-Year Comparison

2021

Name	Employer Identification Number
P3 PURE, LLC	35-2446731

Description	Prior Year	Current Year	Increase (Decrease)
FOREIGN TAXES:			
AMT ITEMS:			
OTHER SCHEDULE K ITEMS:			
NONDEDUCTIBLE EXPENSES	8,463.	5,811.	-2,652.
PROPERTY DISTRIBUTIONS	54,135.	66,207.	12,072.
INCOME (LOSS)	-953,009.	-831,549.	121,460.
SCHEDULE M-1:			
NET INCOME (LOSS) PER BOOKS	-1,051,974.	-922,515.	129,459.
DEPRECIATION RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	45,916.	32,370.	-13,546.
TRAVEL & ENTERTAINMENT RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	1,555.	0.	-1,555.
OTHER EXPENSES RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	51,494.	65,758.	14,264.
TOTAL EXPENSES RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	98,965.	98,128.	-837.
TOTAL OF LINES 1 THROUGH 3	-953,009.	-824,387.	128,622.
OTHER INCOME RECORDED ON BOOKS NOT INCLUDED ON SCHEDULE K	0.	7,162.	7,162.
INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	0.	7,162.	7,162.
TOTAL OF LINES 5 AND 6	0.	7,162.	7,162.
INCOME (LOSS)	-953,009.	-831,549.	121,460.
SCHEDULE M-2:			
ACCUMULATED ADJUSTMENTS ACCOUNT:			
BALANCE AT BEGINNING OF TAX YEAR	53,627.	-961,472.	-1,015,099.
LOSS FROM PAGE 1, LINE 21	-953,009.	-831,549.	121,460.
OTHER REDUCTIONS	8,463.	5,811.	-2,652.
COMBINE LINES 1 THROUGH 5	-907,845.	-1,798,832.	-890,987.
DISTRIBUTIONS	53,627.	0.	-53,627.
BALANCE AT END OF TAX YEAR	-961,472.	-1,798,832.	-837,360.

Form	8879-S	IRS e-file Signature Authorization for Form 1120-S <p>▶ ERO must obtain and retain completed Form 8879-S. ▶ Go to www.irs.gov/Form8879S for the latest information.</p>	OMB No. 1545-0123 <div style="font-size: 3em; font-weight: bold;">2021</div>
Department of the Treasury Internal Revenue Service		For calendar year 2021, or tax year beginning	, 2021, and ending

Name of corporation P3 PURE, LLC	Employer identification number 35-2446731
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Part I	Tax Return Information (Whole dollars only)		
1	Gross receipts or sales less returns and allowances (Form 1120-S, line 1c)	1	1,658,549.
2	Gross profit (Form 1120-S, line 3)	2	1,097,533.
3	Ordinary business income (loss) (Form 1120-S, line 21)	3	-831,549.
4	Net rental real estate income (loss) (Form 1120-S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120-S, Schedule K, line 18)	5	-831,549.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2021 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

<input checked="" type="checkbox"/>	I authorize THE WENMOHS GROUP	ERO firm name	to enter my PIN 03045
	as my signature on the corporation's 2021 electronically filed income tax return.		
<input type="checkbox"/>	As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2021 electronically filed income tax return.		

Officer's signature ▶ _____ Date ▶ _____ Title ▶ **PRESIDENT**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **70500103045**
 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **03/09/22**

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see instructions.

Form **8879-S** (2021)

LHA

Form **1120-S****U.S. Income Tax Return for an S Corporation**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2021

For calendar year 2021 or tax year beginning _____, ending _____

A S election effective date 01/01/2015	NAME OR PRINT	Name P3 PURE, LLC	D Employer identification number 35-2446731
B Business activity code number (see instructions) 339900		Number, street, and room or suite no. If a P.O. box, see instructions. 1900 E HOWARD LN, BLDG D1	E Date incorporated 05/26/2012
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code PFLUGERVILLE, TX 78660	F Total assets (see instructions) \$ 512,379.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

J Check if corporation: (1) ☐ Aggregated activities for section 465 at-risk purposes (2) ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1 a Gross receipts or sales 1,850,057.	b Return and allowances 191,508.	c Bal. Subtract line 1b from line 1a	1c	1,658,549.
	2 Cost of goods sold (attach Form 1125-A)			2	561,016.
	3 Gross profit. Subtract line 2 from line 1c			3	1,097,533.
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement) STATEMENT 1			5	18,050.
	6 Total income (loss). Add lines 3 through 5			6	1,115,583.
Deductions (See instructions for limitations)	7 Compensation of officers (see instrs. - attach Form 1125-E)			7	34,808.
	8 Salaries and wages (less employment credits)			8	170,114.
	9 Repairs and maintenance			9	1,034.
	10 Bad debts			10	
	11 Rents			11	169,174.
	12 Taxes and licenses STATEMENT 2			12	38,969.
	13 Interest (see instructions)			13	271,149.
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14	4,014.
	15 Depletion (Do not deduct oil and gas depletion.)			15	
	16 Advertising			16	268,334.
	17 Pension, profit-sharing, etc., plans			17	
	18 Employee benefit programs			18	22,087.
	19 Other deductions (attach statement) STATEMENT 3			19	967,449.
	20 Total deductions. Add lines 7 through 19			20	1,947,132.
	21 Ordinary business income (loss). Subtract line 20 from line 6			21	-831,549.
Tax and Payments	22 a Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
	b Tax from Schedule D (Form 1120-S)	22b			
	c Add lines 22a and 22b				
	23 a 2021 estimated tax payments and 2020 overpayment credited to 2021	23a		23d	
	b Tax deposited with Form 7004	23b			
	c Credit for federal tax paid on fuels (attach Form 4136)	23c			
	d Add lines 23a through 23c				
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26: Credited to 2022 estimated tax Refunded			27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			PRESIDENT	

Paid Preparer Use Only	Print/Type preparer's name BENJAMIN GREER	Preparer's signature BENJAMIN GREER	Date 03/09/22	Check if self-employed <input type="checkbox"/>	PTIN P00189945
	Firm's name THE WENMOHS GROUP	Firm's EIN 26-4077125			
	Firm's address 4425 S MOPAC EXPY #504 AUSTIN, TX 78735	Phone no. (512) 291-2928			

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P3 PURE, LLC

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Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____						
2 See the instructions and enter the:						
a Business activity ▶ MANUFACTURING b Product or service ▶ PERSONAL HYGIENE						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation _____						X
4 At the end of the tax year, did the corporation:						
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below _____						X
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below _____						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? _____ If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock _____ ▶ _____						
(ii) Total shares of non-restricted stock _____ ▶ _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? _____ If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year _____ ▶ _____						
(ii) Total shares of stock outstanding if all instruments were executed _____ ▶ _____						
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide info. on any reportable transaction? ...						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount _____ ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years _____ ▶ \$ _____						
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions _____						X
10 Does the corporation satisfy one or more of the following? See instructions _____						X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.						
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.						
11 Does the corporation satisfy both of the following conditions? _____						X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.						

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P3 PURE, LLC

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Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2021 that would require it to file Form(s) 1099?	X	
	b If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-831,549.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) ... Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type ▶	12c	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
International Transactions	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance ▶ <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses STATEMENT 4	16c	5,811.
	d Distributions (attach statement if required) STATEMENT 5	16d	66,207.
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

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Form 1120S (2021)

P3 PURE, LLC

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (att. stmt.) STATEMENT 6		
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f		
		18	-831,549.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		56,997.		115,722.
2 a	Trade notes and accounts receivable	61,304.		4,658.	
b	Less allowance for bad debts	()	61,304.	()	4,658.
3	Inventories		198,466.		105,403.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)	STATEMENT 7	38,543.		17,430.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	361,288.		321,404.	
b	Less accumulated depreciation	(198,605.)	162,683.	(234,989.)	86,415.
11 a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)	182,444.		285,466.	
b	Less accumulated amortization	(64,576.)	117,868.	(114,715.)	170,751.
14	Other assets (att. stmt.)	STATEMENT 8	12,000.		12,000.
15	Total assets		647,861.		512,379.
Liabilities and Shareholders' Equity					
16	Accounts payable		144,939.		79,007.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.)	STATEMENT 9	395,014.		484,161.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		1,100,491.		1,930,516.
21	Other liabilities (att. stmt.)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings	STATEMENT 10	-992,583.		-1,981,305.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		647,861.		512,379.

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Form 1120-S (2021)

P3 PURE, LLC

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Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-922,515.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
		STMT 12	7,162.
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):	
a Depreciation \$	32,370.	a Depreciation \$	
b Travel and entertainment \$			
STMT 11	65,758.		
	98,128.	7 Add lines 5 and 6	7,162.
4 Add lines 1 through 3	-824,387.	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-831,549.

Schedule M-2**Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account** (see instrs.)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	-961,472.			
2 Ordinary income from page 1, line 21				
3 Other additions				
4 Loss from page 1, line 21	(831,549.)			
5 Other reductions	STATEMENT 13 (5,811.)			
6 Combine lines 1 through 5	-1,798,832.			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	-1,798,832.			

Form 1120-S (2021)

Form **1125-A****Cost of Goods Sold**

(Rev. November 2018)

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service
Name▶ **Go to www.irs.gov/Form1125A for the latest information.**

Name P3 PURE, LLC		Employer identification number 35-2446731
1 Inventory at beginning of year	1	198,466.
2 Purchases	2	-93,063.
3 Cost of labor	3	178,045.
4 Additional section 263A costs (attach schedule)	4	
5 Other costs (attach schedule) SEE STATEMENT 14	5	382,971.
6 Total. Add lines 1 through 5	6	666,419.
7 Inventory at end of year	7	105,403.
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	561,016.

9 a Check all methods used for valuing closing inventory:

- (i) ☒ Cost
- (ii) ☐ Lower of cost or market
- (iii) ☐ Other (Specify method used and attach explanation) ▶

b Check if there was a writedown of subnormal goods▶ ☒**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)▶ ☐**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO**9d****e** If property is produced or acquired for resale, do the rules of Section 263A apply to the entity? See instructions☐ Yes ☒ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory?☐ Yes ☒ No

If "Yes," attach explanation.

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-A (Rev. 11-2018)

Form 4562 Department of the Treasury Internal Revenue Service (99) Name(s) shown on return	Depreciation and Amortization (Including Information on Listed Property) OTHER Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.	OMB No. 1545-0172 2021 Attachment Sequence No. 179
--	--	---

P3 PURE, LLC

OTHER DEPRECIATION

35-2446731

Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II** Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	4,014.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	4,014.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form 4562 (2021)

P3 PURE, LLC

35-2446731 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)****24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

27 Property used 50% or less in a qualified business use:

	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	---	--------------------------------------

42 Amortization of costs that begins during your 2021 tax year:

	:	:			
	:	:			

43 Amortization of costs that began before your 2021 tax year**43****44** Total. Add amounts in column (f). See the instructions for where to report**44**

2021 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

OTHER

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LOGO & LABEL DESIGN	08/01/14	SL	5.00		16	10,340.				10,340.	10,340.		0.	10,340.
2	WEBSITE DEVELOPMENT	04/28/14	SL	5.00		16	18,220.				18,220.	17,963.		0.	17,963.
3	SERVER UPGRADE	01/01/17	200DB	5.00	HY	17	10,825.		10,825.					0.	
4	IKEA FURNITURE	07/13/17	200DB	7.00	HY	17	2,577.		2,577.					0.	
5	BIG JOE LIFT TRUCK PDS30	10/17/17	200DB	7.00	HY	17	15,658.		15,658.					0.	
6	FULLY DEPR ASSETS	07/01/13	200DB	7.00	HY	17	182,067.		182,067.					0.	
7	APPLE COMPUTER	03/13/18	200DB	5.00	MC	17	2,455.		2,455.					0.	
8	10' CUSTOM DISPLAY BOOTH	02/19/18	200DB	7.00	MC	17	12,227.		12,227.					0.	
9	TRADE SHOW BOOTH EXPANSION	12/20/18	200DB	7.00	MC	17	12,302.		12,302.					0.	
10	CONFERENCE TABLE WITH 10 CHAIRS	02/09/19	200DB	7.00	HY	17	2,584.		2,584.					0.	
11	AESUS LABELER	12/13/19	200DB	7.00	HY	17	76,695.		76,695.					0.	
12	2020 WEBSITE DESIGN	07/01/20	200DB	3.00	HY	17	23,642.			23,642.				0.	
13	APPLE COMPUTER	01/08/21	200DB	5.00	HY	19B	1,785.			1,785.				1,785.	
14	APPLE COMPUTER	01/08/21	200DB	5.00	HY	19B	270.			270.				270.	
15	DMI DELL SM BUS	03/08/21	200DB	5.00	HY	19B	770.			770.				770.	
16	FS-03 SENSOR	06/17/21	200DB	5.00	HY	19B	787.			787.				787.	
17	BALPACK - PUMP GEAR PEEK	12/10/21	200DB	5.00	HY	19B	402.			402.				402.	
	* TOTAL OTHER DEPRECIATION						373,606.		317,390.	27,656.	28,560.	28,303.		4,014.	28,303.

FORM 1120S	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
OTHER INCOME		18,050.
TOTAL TO FORM 1120S, PAGE 1, LINE 5		18,050.

FORM 1120S	TAXES AND LICENSES	STATEMENT 2
DESCRIPTION		AMOUNT
FRANCHISE TAX		1,500.
PAYROLL TAXES		17,377.
PROPERTY TAX		20,092.
TOTAL TO FORM 1120S, PAGE 1, LINE 12		38,969.

FORM 1120S	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING SERVICES		18,000.
ALLOCATED TO COGM		-116,556.
AUTOMOBILE EXPENSE		-1,249.
BANK CHARGES		3,600.
CELL PHONE REIMBURSEMENT		-105.
COLLATERAL		14,983.
COMMISSIONS		1,917.
CONFERENCES AND TRADESHOWS		1,183.
CONSULTING EXPENSES		3,920.
CONTRACT LABOR		13,000.
CREATIVE DESIGN		288.
DIGITAL MARKETING CONSULTANT		140,055.
DUES AND SUBSCRIPTIONS		3,653.
EQUIPMENT AND MAINTENANCE		2,429.
INSURANCE		3,109.
INTERNET ACCESS AND SERVICES		2,549.
IT CONSULTANCY		6,638.
LEGAL AND PROFESSIONAL FEES		116,482.
LOAN AMORTIZATION		19,362.
LOAN FEES		2,200.
MEALS NOT SUBJECT TO LIMITATION		3,677.
MERCHANT FEES		141,408.
OFFICE EXPENSE		13,787.
OFFICE UTILITIES		15,253.
PRODUCT SAMPLES		3,623.
RESEARCH AND DEVELOPMENT		12,531.
SHIPPING AND HANDLING		377,380.
SOFTWARE LICENSE		43,712.
TECHNOLOGY EXPENSES		47,085.
TELEPHONE EXPENSE		3,399.
TRAVEL EXPENSES		1,136.
WRITER		69,000.
TOTAL TO FORM 1120S, PAGE 1, LINE 19		967,449.

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT 4
DESCRIPTION		AMOUNT
SHAREHOLDER HEALTH INSURANCE PREMIUMS		5,811.
TOTAL TO SCHEDULE K, LINE 16C		5,811.

FORM 1120S		DISTRIBUTIONS		STATEMENT 5
DESCRIPTION	DATE ACQUIRED	DATE DISTRIBUTED	COST	AMOUNT
CASH DISTRIBUTION				66,207.
TOTAL INCLUDED IN FORM 1120S, PAGE 4, LINE 16D				66,207.

SCHEDULE K		OTHER ITEMS, LINE 17D	STATEMENT 6
DESCRIPTION			AMOUNT
SECTION 199A - ORDINARY INCOME (LOSS)			-831,549.
SECTION 199A - W-2 WAGES			382,967.
SECTION 199A - UNADJUSTED BASIS OF ASSETS			373,606.

SCHEDULE L		OTHER CURRENT ASSETS	STATEMENT 7
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
OTHER RECEIVABLE	4,723.		
PREPAID EXPENSES	33,820.	11,854.	
SHOPIFY		5,576.	
TOTAL TO SCHEDULE L, LINE 6	38,543.	17,430.	

SCHEDULE L		OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
SECURITY DEPOSIT	12,000.	12,000.	
TOTAL TO SCHEDULE L, LINE 14	12,000.	12,000.	

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT 9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
ACCRUED LIABILITIES	27,956.	99,627.
CREDIT CARDS	42,394.	38,994.
GIFT CARDS PAYABLE		3.
NAVITAS CREDIT CORP LOAN		1,929.
OTHER CURRENT LIABILITIES	29,160.	
PAYPAL - WORKING CAPITAL LOAN	74,041.	
PAYROLL LIABILITIES		354.
PPP LOAN	151,400.	324,748.
SALES TAX PAYABLE		13,506.
SHOPIFY LOAN	65,063.	
WARRANT PAYABLE	5,000.	5,000.
TOTAL TO SCHEDULE L, LINE 18	395,014.	484,161.

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT 10
DESCRIPTION		AMOUNT
BALANCE AT BEGINNING OF YEAR		-992,583.
NET INCOME PER BOOKS		-922,515.
DISTRIBUTIONS		-66,207.
OTHER INCREASES (DECREASES)		
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)		-1,981,305.

SCHEDULE M-1	EXPENSES RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	STATEMENT 11
DESCRIPTION		AMOUNT
SHAREHOLDER HEALTH INSURANCE PREMIUMS		5,811.
ACCRUED PTO		1,230.
BAD DEBTS		27,940.
EXCESS BOOK OVER TAX AMORTIZATION		30,777.
TOTAL TO SCHEDULE M-1, LINE 3		65,758.

SCHEDULE M-1	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED ON SCHEDULE K	STATEMENT 12
DESCRIPTION		AMOUNT
DEFERRED COMPENSATION		7,162.
TOTAL TO SCHEDULE M-1, LINE 5		7,162.

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT 13
DESCRIPTION		AMOUNT
NONDEDUCTIBLE EXPENSES		5,811.
TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)		5,811.

FORM 1125-A	OTHER COSTS	STATEMENT 14
DESCRIPTION		AMOUNT
ADJUSTMENT-FG INV ON HAND		285,543.
FACILITY		74,857.
OTHER		18,000.
TOOLING & SUPPLIES		4,571.
TOTAL TO LINE 5		382,971.

2021

For calendar year 2021, or tax
year beginning _____
ending _____

OMB No. 1545-0123

► See separate instructions.

*See attached statement for additional information.

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
SHAREHOLDER HEALTH INSURANCE PREMIUMS	5,811.	
TOTAL	5,811.	

SCHEDULE K-1

DISTRIBUTIONS
BOX 16, CODE D

DESCRIPTION	DATE	AMOUNT	FILING INSTRUCTIONS
CASH DISTRIBUTION		66,207.	
TOTAL		66,207.	

SCHEDULE K-1

SECTION 199A ADDITIONAL INFORMATION

THE SECTION 199A AMOUNTS TO BE USED IN THE CALCULATION OF THE QUALIFIED BUSINESS INCOME DEDUCTION ON YOUR 1040/1041 RETURN ARE REPORTED ON LINE 17, UNDER CODE V. PLEASE CONSULT YOUR TAX ADVISOR REGARDING THE CALCULATION OF QUALIFIED BUSINESS INCOME DEDUCTION, INCLUDING THE POSSIBLE AGGREGATIONS AND LIMITATIONS THAT MAY APPLY AND THE FILING OF THE 1.199A-4(C)(2)(I) ANNUAL DISCLOSURE STATEMENT.

SCHEDULE K-1 SECTION 199A ITEMS, BOX 17
CODE V

DESCRIPTION	AMOUNT
TRADE OR BUSINESS	
ORDINARY INCOME(LOSS)	-831,549.
W-2 WAGES	382,967.
UNADJUSTED BASIS	373,606.

SCHEDULE K-1 GROSS RECEIPTS FOR SECTION 448(C), BOX 17, CODE AC

DESCRIPTION	AMOUNT
GROSS RECEIPTS - CURRENT YEAR	1,658,549.

2022 TAX RETURN FILING INSTRUCTIONS

TEXAS FORM 05-158-A/05-158-B AND 05-102

FOR THE YEAR ENDING
DECEMBER 31, 2021

PREPARED FOR:

P3 PURE, LLC
1900 E HOWARD LN, BLDG D1
PFLUGERVILLE, TX 78660

PREPARED BY:

THE WENMOHS GROUP
4425 S MOPAC EXPY #504
AUSTIN, TX 78735

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

TOTAL TAX	\$	0.00
LESS: PAYMENTS AND CREDITS	\$	0.00
PLUS: OTHER AMOUNT	\$	0.00
PLUS: INTEREST AND PENALTIES	\$	0.00
NO PAYMENT REQUIRED	\$	

OVERPAYMENT:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED TO THE TEXAS COMPTROLLER, PLEASE CONTACT OUR OFFICE AND WE WILL SUBMIT YOUR ELECTRONIC RETURN. DO NOT MAIL THE PAPER COPY OF THE RETURN.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FEDERAL FORM 8879-S TO US BY MAY 16, 2022.

SPECIAL INSTRUCTIONS:

147557 S 180701

TX2022 05-102

Ver. 13.0

(Rev.9-15/33)

Texas Franchise Tax Public Information ReportTo be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,

Government Code, to review, request and correct information

we have on file about you. Contact us at 1-800-252-1381.

32053736552

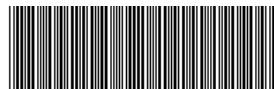
2022

Taxpayer name P3 PURE, LLC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 1900 E HOWARD LN, BLDG D1		Secretary of State (SOS) file number or Comptroller file number	
City PFLUGERVILLE	State TX	ZIP code plus 4 78660	0802045323

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1900 E HOWARD LN, BLDG D1, PFLUGERVILLE, TX 78660
Principal place of business 1900 E HOWARD LN, BLDG D1, PFLUGERVILLE, TX 78660

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

3205373655222

This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name AMY E. PEREZ	Title PRESIDENT	Director <input checked="" type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1900 E HOWARD LN, BLDG D1	City PFLUGERVILLE	State TX	ZIP Code 78660
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: CAPITOL CORPORATE SERVICES, INC		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: 206 E 9TH STREET SUITE 1300	City AUSTIN	State TX	ZIP Code 78701

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here	Title PRESIDENT	Date	Area code and phone number (512) 387-5753

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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147557 S 180701

TX2022 05-102

Ver. 13.0

(Rev.9-15/33)

Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),
Professional Associations (PA) and Financial Institutions

■ Tcode 13196

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,

Government Code, to review, request and correct information

we have on file about you. Contact us at 1-800-252-1381.

32072690186

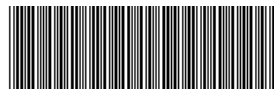
2022

Taxpayer name PRETTY FRANK LLC		<input type="checkbox"/> Check box if the mailing address has changed.	
Mailing address 1900 E HOWARD LN, BLDG D1		Secretary of State (SOS) file number or Comptroller file number	
City AUSTIN	State TX	ZIP code plus 4 78660	0803483908

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office 1900 E HOWARD LN, BLDG D1 AUSTIN, TX 78660
Principal place of business 1900 E HOWARD LN, BLDG D1 AUSTIN, TX 78660

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Please sign below!

3207269018622

This report must be signed to satisfy franchise tax requirements.**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name AMY E. PEREZ	Title PRESIDENT	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address 1900 E HOWARD LN, BLDG D1	City AUSTIN	State TX	ZIP Code 78660
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="checkbox"/> YES	Term expiration m m d d y y
Mailing address	City	State	ZIP Code

SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file (see instructions if you need to make changes) Agent: UNITED STATES CORPORATION AGENTS		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Office: 9900 SPECTRUM DRIVE	City AUSTIN	State TX	ZIP Code 78717

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.			
sign here	Title PRESIDENT	Date	Area code and phone number (512) 387-5753

Texas Comptroller Official Use Only



VE/DE	<input type="checkbox"/>	PIR IND	<input type="checkbox"/>
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147557 S 180711

TX2022 05-158-A

Ver. 13.0 (Rev.9-16/9)

Texas Franchise Tax Report - Page 1

■ Tcode 13250 ANNUAL

■ Taxpayer number

■ Report year

Due date

32053736552

2022

05/16/2022

Taxpayer name P3 PURE, LLC				Secretary of State file number or Comptroller file number	
Mailing address 1900 E HOWARD LN, BLDG D1				0802045323	
City PFLUGERVILLE	State TX	Country USA	ZIP code plus 4 78660	Check box if the address has changed <input type="checkbox"/>	
Check box if this is a combined report <input checked="" type="checkbox"/>		Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions <input type="checkbox"/>			
Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

** If not twelve months, see instructions for annualized revenue

Accounting year	m	m	d	d	y	y	Accounting year	m	m	d	d	y	y	SIC code	NAICS code	
begin date**	■	0	1	0	1	2	1	end date	■	1	2	3	1	2	1	■ 339900

REVENUE (Whole dollars only)

1. Gross receipts or sales	1.■	1658549.00
2. Dividends	2.■	0.00
3. Interest	3.■	0.00
4. Rents (can be negative amount)	4.■	0.00
5. Royalties	5.■	0.00
6. Gains/losses (can be negative amount)	6.■	0.00
7. Other income (can be negative amount)	7.■	18050.00
8. Total gross revenue (Add items 1 thru 7)	8.■	1676599.00
9. Exclusions from gross revenue (see instructions)	9.■	0.00
10. TOTAL REVENUE (item 8 minus item 9 if less than zero, enter 0)	10.■	1676599.00

COST OF GOODS SOLD (Whole dollars only)

11. Cost of goods sold	11.■	561016.00
12. Indirect or administrative overhead costs (Limited to 4%)	12.■	0.00
13. Other (see instructions)	13.■	0.00
14. TOTAL COST OF GOODS SOLD (Add items 11 thru 13)	14.■	561016.00

COMPENSATION (Whole dollars only)

15. Wages and cash compensation	15.■	-448582.00
16. Employee benefits	16.■	22087.00
17. Other (see instructions)	17.■	0.00
18. TOTAL COMPENSATION (Add items 15 thru 17)	18.■	-426495.00

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VE/DE	<input type="checkbox"/>				
PM Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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TX2022 05-158-B


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Texas Franchise Tax Report - Page 2

■ Tcode 13251 ANNUAL

■ Taxpayer number	■ Report year	Due date	Taxpayer name
32053736552	2022	05/16/2022	P3 PURE, LLC
MARGIN (Whole dollars only)			
19. 70% revenue (item 10 X .70)	19. ■		1173619.00
20. Revenue less COGS (item 10 - item 14)	20. ■		1115583.00
21. Revenue less compensation (item 10 - item 18)	21. ■		2103094.00
22. Revenue less \$1 million (item 10 - \$1,000,000)	22. ■		676599.00
23. MARGIN (see instructions)	23. ■		676599.00
APPORTIONMENT FACTOR			
24. Gross receipts in Texas (Whole dollars only)	24. ■		62544.00
25. Gross receipts everywhere (Whole dollars only)	25. ■		1676599.00
26. APPORTIONMENT FACTOR (Divide item 24 by item 25, round to 4 decimal places)	26. ■		0.0373
TAXABLE MARGIN (Whole dollars only)			
27. Apportioned margin (Multiply item 23 by item 26)	27. ■		25237.00
28. Allowable deductions (see instructions)	28. ■		0.00
29. TAXABLE MARGIN (item 27 minus item 28)	29. ■		25237.00
TAX DUE			
30. Tax rate (see instructions for determining the appropriate tax rate)		X X X	30. ■ 0.007500
31. Tax due (Multiply item 29 by the tax rate in item 30) (Dollars and cents)	31. ■		189.28
TAX ADJUSTMENTS (Dollars and cents) (Do not include prior payments)			
32. Tax credits (item 23 from Form 05-160)	32. ■		0.00
33. Tax due before discount (item 31 minus item 32)	33. ■		189.28
34. Discount (see instructions, applicable to report years 2008 and 2009)	34. ■		0.00
TOTAL TAX DUE (Dollars and cents)			
35. TOTAL TAX DUE (item 33 minus item 34)	35. ■		189.28

Do not include payment if item 35 is less than \$1,000 or if annualized total revenue is less than the no tax due threshold (see instructions). If the entity makes a tiered partnership election, ANY amount in item 35 is due. Complete Form 05-170 if making a payment.

Print or type name AMY E PEREZ		Area code and phone number (512) 387-5753
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348
sign here 	Date	

Instructions for each report year are online at www.comptroller.texas.gov/taxes/franchise/forms/. If you have any questions, call 1-800-252-1381.

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VE/DE ☐PM Date ☐

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TX2022 05-166

Ver. 13.0 (Rev.9-16/7)

Texas Franchise Tax Affiliate Schedule

■ Tcode 13253 ANNUAL

■ Reporting entity taxpayer number

■ Report year

Reporting entity taxpayer name

32053736552

2022

P3 PURE, LLC

Reporting entity must be included on Affiliate Schedule. Affiliate reporting period dates must be within combined group's accounting period dates.

1. Legal name of affiliate P3 PURE, LLC		2. Affiliate taxpayer number (if none, use FEI number) 32053736552		3. Affiliate NAICS code 339900	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 0 1 0 1 2 1		7. Affiliate reporting end date m m d d y y 1 2 3 1 2 1	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 1676599.00			
10. Gross receipts in Texas (before eliminations) 62544.00		11. Cost of goods sold or compensation (before eliminations) 0.00			

1. Legal name of affiliate PRETTY FRANK LLC		2. Affiliate taxpayer number (if none, use FEI number) 32072690186		3. Affiliate NAICS code 339900	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input type="checkbox"/>	6. Affiliate reporting begin date m m d d y y 0 1 0 1 2 1		7. Affiliate reporting end date m m d d y y 1 2 3 1 2 1	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 0.00			
10. Gross receipts in Texas (before eliminations) 0.00		11. Cost of goods sold or compensation (before eliminations) 0.00			

1. Legal name of affiliate		2. Affiliate taxpayer number (if none, use FEI number)		3. Affiliate NAICS code	
4. Check box if entity is disregarded for franchise tax <input type="checkbox"/>	5. Check box if this affiliate does NOT have NEXUS in Texas <input type="checkbox"/>	6. Affiliate reporting begin date m m d d y y		7. Affiliate reporting end date m m d d y y	
8. Gross receipts subject to throwback in other states (before eliminations) 0.00		9. Gross receipts everywhere (before eliminations) 0.00			
10. Gross receipts in Texas (before eliminations) 0.00		11. Cost of goods sold or compensation (before eliminations) 0.00			

The reporting entity of a combined group with a temporary credit for business loss and carryforwards preserved for itself and/or affiliates must submit common owner information. **This information must be provided to satisfy franchise tax reporting requirements.** Learn more at www.comptroller.texas.gov/taxes/franchise/. An information report (Form 05-102 or Form 05-167) must be filed for each affiliate that is organized in Texas or that has a physical presence in Texas.

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VE/DE	<input type="checkbox"/>	FM	<input type="checkbox"/>
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Form 158A/F, Line 15 Partner/Shareholder Information

Description	Amount
SHAREHOLDER 1, AMY E. PEREZ	
SCH K-1 LINES 1, 2, 3, 4, 5A, 6, 7, 8A, 9, 10	-831549
WAGES (TX6, BOX 70 OR E-1, BOX 134 AND/OR A-3, BOX 30 AND 35 AND/OR OS-1, BOX 82) OR (WORKSHEET VIEW TEXAS COMBINED REPORT > AFFILIATES COMBINED REPORTS > WAGES AND CASH COMPENSATION OR FEDERAL > INCOME/DEDUCTIONS > RENT AND ROYALTY > EXPENSES > WAGES AND SALARIES AND/OR INCOME/DEDUCTIONS > BUSINESS > DEDUCTIONS > COMPENSATION OF OFFICERS - OVERRIDE AND SALARIES AND WAGES AND/OR INCOME/DEDUCTION > BUSINESS > COMPENSATION OF OFFICERS)	204922
COST OF LABOR	178045
TOTAL TO LINE 15	-448582

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